

Gladstone Animal Clinic

Client ID #

Primary Owner Information

Last _____ First _____ M.I. _____ Date of Birth ___/___/___ Driver's License _____

Street Address _____ City _____ State _____ Zip _____

Home Phone # () _____ Cell Phone # () _____ Work # () _____

Employer Name _____

*** Please provide your email below so we may send vaccination and appointment reminders**

Email _____

Spouse/Secondary

Last _____ First _____ M.I. _____ Date of Birth ___/___/___ Driver's License # _____

Street Address _____ City _____ State _____ Zip _____

Home Phone # () _____ Cell Phone # () _____ Work # () _____

Patient ID #

Pet's Information

Name _____ Breed _____ Color _____

Date of Birth ___/___/___ Approximate Age _____ Sex _____ Spayed/Neutered: **YES/NO**

Allergies? _____ Previous Medical Condition? _____

Does your pet have any previous medical records from another hospital? **YES/NO**

If **yes**, from where? _____

Is your pet on any supplement(s) or medication(s)? **YES/NO**

If **yes**, what medication(s) _____

I hereby authorize Gladstone Animal Clinic, LLC to examine, prescribe, and/or treat the above pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that these charges will be paid at the time services are rendered and that a deposit may be required for treatment. We accept Visa, Mastercard, Discover, Care Credit, Cash and Checks as a form of payment.

I consent to and authorize Gladstone Animal Clinic, LLC to use or disclose images of me and/or my pet, including but not limited to still photos and digital photographs, videotaped images, audiotapes and/or any other retained image that contains information identifying me and/or my pet. I may refuse to sign this authorization and understand my ability to receive care for my pet will not be affected. I reserve the right to revoke this authorization at any time in writing. Unless otherwise revoked, this authorization will expire on the date in which Gladstone Animal Clinic, LLC no longer maintains the images. To revoke this authorization, please send a written request with a copy of this form to: Gladstone Animal Clinic, LLC, 7027 N Oak Trafficway, Gladstone, MO 64118

Owner or Responsible Party _____ Date _____

(Signature)